# **CORRECTION AFFIDAVIT**



FORM COR-C/OH

CANDIDATE/OFFICEHOLDER
See backside for instructions
1 ACCOUNT# Total pages filed:
CANDIDATE / OFFICE HOLDER NAME  NICKNAME  TITLE  FIRST  MI  OFFICE USE ONLY  Date Received  Date Received
A ORIGINAL REPORT TYPE  July 15  Exceeded \$500 limit  John day before election  8th day before election  Sth day before election  Final report  Other (specify)  Date Hand-delivered or Date Postmarked  Page 15th day after treasurer appointment (officeholder only)  Receipt # Amount
S ORIGINAL PERIOD COVERED  Month Day Year Legal Totals  Date Processed  Date Imaged
EXPLANATION OF CORRECTION  SHOULD HOUSE SUBMITED EACH  INSTERN OF GRACE  MORELE CONTRIBUTIONS (ITEMIZED)
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report is true and corrected report is tru
Remember To Attach Any Part Of The Campaign Finance Report Form

Tex	as Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(5	12)463-5800	1-800-325-850
	CANDIDAT	E/OFFIC	EHOLDER REPO	ORT:	FOF	rм <b>С/ОН</b>
	<b>SUPPORT</b>	& TOTAL	S		COVER SH	EET PG 2
	•				)	
14	C/OH NAME	0.44			ACCOUNT # (Eth	ics Commission filers)
16	NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	ice of political expenditures by political com without the candidate's or officeholder's kno they receive notice of such expenditures.	wledge or consent. Candidates	e 7 officeholder. <i>The</i> s and officeholders ar	se expenditures re required to report
	COMMITTEL(3)	COMMITTEE TYPE	COMMITTEE NAME			
		GENERAL	COMMITTEE ADDRESS	compaign		
		SPECIFIC	623 aponto	# 2 SDTY	78207	11-1-4-1-110-1 <del>1</del> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	additional pages		COMMITTEE CAMPAIGN TREASURER NAME AN THONY TOPPY 6014 NOW DI		aulia itk	79,240
			COMMITTEE CAMPAIGN TREASURER ADDRES			
17	NO REPORTABLE ACTIVITY	Check here if r	o reportable activity occurred during this rep	porting period. (Sign affidavit below	and submit pages 1 and	d 2 only.)
18	CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$	
			POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$ 10 s	50.00
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED				
		4. TOTAL	POLITICAL EXPENDITURES		\$	
	OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTAI AY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$	
19	AFFIDAVIT		, <u> </u>			
		SALASTER SOLUTION OF THE SOLUT	is true and	affirm, under penalty of percorrect and includes all information (Code).  Signature of Candida	ormation required	to be reported by
	AFFIX NOTARY STAME	A SABORALINI	the said Frust Mutil	117	1946	
5	Sworn to and subscrib	41	the saidtify which, witness my hand and s	,	this the [/[n	day

Signature of officer administering ath

Title of officer administering oath

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	n, Texas 78711-207	(FOR FORM	SCHEDULE A1 IS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	GUIDE explains how to complete this form.	CITY	1 Total pages mis S	chedule A1:
2 FILER NAME	EPNEST MARTINEZ	2091 JJL	3 ACCOUNT #GET	cs Commission filers
3.1.01	5 Full name of contributor Out-of-state PAC (ID#:_  MACHINISTS NON - PDP  6 Contribute address; City; State; Zip Code  IIN MACKINGBIP  DALLA TX 7824	D LN. 95	7 Amount of contribution (\$ 500.00	In-kind contribution description (if applicable)
9 Principal occup	ation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state Par (ID)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.6.01	Contributor address; City: State; Zip Code 311 ST. Maries  SAN STONIO, TX 7	8205	100,00	
Principal occup		Employer (Option	3	
Date   - 0	Contributor address; City; State; Zip Code  ALBUQUEZQUE NM	AVE NE	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa		Employer (Optiona	ai)	Ar.
Date 5-2-01	Full name of contributor out-of-state PAC (ID#:_  PUSE MARY SALINAS  Contributor address; City; State; Zip Code  755 FULTON  SAN ANTOHIO TX		Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupa		Employer (Options	al)	
Date 5-2-01	Full name of contributor out-of-state PAC (ID#:_  DUTH ORT(2)  Contributor address; City; State; Zip Code  8967 Seq Cliffe  Say Antonio TX	78242	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa		Employer (Options	<u> </u>	
lf contrib	ATTACH ADDITIONAL COPIE: outor is out-of-state PAC, please see instru			g requirements.

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

(512) 463-5800

OIIILII	MANT LEBALS ON LOANS	Carecará		SC-SPAC, SPAC, & SPAC-SS)
The Instruction	GUIDE explains how to complete this form.		Total pages this S	Schedule A1:
2 FILER NAME	EDNEST MARTINEZ	2001 JUL 19	3 ACOBUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5.201	ELIZABETH ZAPA  6 Contributor address; City; State; Zip Code  8967 Seq Cliff 1  Say Antonio T	7A 2 - 2 78242	250.00	
9 Principal occup	pation (Optional)	10 Employer (Options	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5.2.01	5318 Sherry Dr. San Antonia TX	78242	250.00	
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		,	
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occuj	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation (Optional)	Employer (Option	al)	•

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	TE/OFFICEHOLDER IN FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTI	on Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST  EPHEST  NICKNAME LAST  MARTINE	J. SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS  Change of Address	446 DRAKE AVE	CITY; STATE; ZIP CODI	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST  ANTHONY TORPEZ  NICKNAME LAST	MI	Receipt # Amount  Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE): APT/SU  6014 SHOUDEN C  TX		ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 614.8338	EXTENSION	
8 REPORTTYPE	January 15 30th day before election  July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year  THROL		Day Year
10 ELECTION	ELECTION DATE  Month  Day  Year  S  S  Frimary	PE Runoff	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (IF K	,
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exper Candidates are required to disclose this information of Name	nditures made by others without the	candidate's prior consent a suproval
N/A  additional pages	Address / PO Box; Apt. / Suite #; City; State; Z	Zip Code	

# **GENERAL-PURPOSE COMMITTEE REPORT:**

P.O. Box 12070

# FORM GPAC

PURPOSE AND TOTALS C			COVER SHEET PG 2		
12 COMMITTEE NAME	WETHER	PROPLE CAMPAIGN	ACCOUNT #		
13 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
(Attach lists on plain paper to complete this report if	(identify by name or, if applicable, classify by party)	B. Opposed			
necessary.)	2. Measures	A. Supported			
	(describe by date and location of election and nature of issue)	B. Opposed	01		
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		9 396		
14 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit b	below and submit pages 1 and 2 only.)		
15 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6		
	1	DLITICAL CONTRIBUTIONS AN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1050,00		
EXPENDITURE TOTALS	3. TOTAL POLIT	ITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$		
	4. TOTAL POL	LITICAL EXPENDITURES	\$ 50.00		
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$ 50.00 \$ 2084.04		
16 AFFIDAVIT	DAVID R. FERNAND NOTARY PUBLIC STATE OF TEXAS  Y Commission Expires Feb. 12,	reported by me under Title 15, Election	II information required to be		

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

20 61 , to certify which, witness my hand and seal of office.

re of officer administering oath

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	N GUIDE explains how to complete this form.	1 Total pages this Schedule A1:		
2 FILER NAME	EPNEST J. MAPTINEZ		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4	LEMUEL L. MARTINE	1	Contribution (#)	description (if applicable)
4.17.01	6 Contributor address; City; State; Zip Code	•	50.00	0 2
	9537 CLAPEMONT OU			
	ALBUQUERQUE,NM &	37112		
9 Principal occup	pation (Optional)	10 Employer (Option	al)	2 Kare
Date	Full name of contributor		) Amount of	In-kind contribution
	POSE MORY SOLINAS		contribution (\$)	description (if applicable)
5.2.01	Contributor address; City; State; Zip Code		0 - 0	
	8967 SEACLIFF DR.		250.00	
	SON ANTONIO TX 782	42		
Principal occup	ation (Optional)	Employer (Option	al)	
Date	Full name of contributor	·	) Amount of contribution (\$)	In-kind contribution
	RUTH OPTIZ		Contribution (3)	description (if applicable)
5.2.01	Contributor address; City; State; Zip Code		2 0	
	8967 SED CLIFF DR.		250.00	
	SAN ANTONIO, TX 782	242		
Principal occup	ation (Optional)	Employer (Optiona	l)	
Date	Full name of contributor Out-of-state PAC (ID#		) Amount of	In-kind contribution
	ELIZABETH O. ZAPA	TA	contribution (\$)	description (if applicable)
5.2.01	Contributor address; City; State; Zip Code		25, 55	
	8967 SEP-CLIFF		250.00	
	SON ANTONIO, TX 782	42		
Principal occup	ation (Optional)	Employer (Optiona	1)	
Date	Full name of contributor out-of-state PAC (ID#		) Amount of	In-kind contribution
	ANTONIO OZUNA		contribution (\$)	description (if applicable)
6.2.01	Contributor address; City; State; Zip Code		0.4 ==	
	5318 SHEPPY DR.	3242	250.00	
Principal occup	ation (Optional)	Employer (Optiona	1)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITIO	CAL EXPENDITURES			SCHED	ULE <b>F</b>
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	s Schedule F:	
2 FILER NAME	EST J. MAPTINEZ		3 ACCOUNT	# (Ethics Commission	filers)
4 Date 4-5-0(	5 Payee name  SW Bell Telephone 6 Payee address; City; State; Zip Code  SAN ANTONIO, TX	·		7 Amou (\$)	
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder r		to benefit C/OH ·· Office sought	Office held
Date	Payee name Payee address; City; State; Zip Code			Amot	: 물 : 물종
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH • Office sought	Office held
Date	Payee name			Amou (\$)	int
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought	Office held
Date	Payee name			Amou (\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH ·· Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

# **CORRECTION AFFIDAVIT**

IT FORM COR-C/OH

	CANDIDATE/OFFICEHOLDER  200 5: 08						
See backside for instri	uctions		or ricehol	001 JUL	19 P 5:	08	
1 ACCOUNT#			Z Total pages filed:				
CANDIDATE / OFFICEHOLDER	TITLE	FIRST ERWES	1	MI	OFFI	CE USE ONLY	
NAME	NICKNAME		$\theta = \theta =$	SUFFIX	Date Keceived		
ORIGINAL REPORT TYPE	January 15  July 15  30th day before election	Runoff  Exceeded	Other (specify 5500 limit  ter treasurer	v) 	Date Hand-delive	red or Date Postmarked	
	8th day before election		nt (officeholder only)		Receipt #	Amount	
ORIGINAL PERIOD COVERED	Month Day Year		Month Day	Year	Legai  Date Processed	Totals	
	03/27/01	THROUGH	04/25/2	21	Date Imaged		
EXPLANATION OF CORRECTION	· a	dded doed	itemized 650.00	Con	tribut	1645	
AFFIX NOTARY STAR  AFFIX NOTARY	ad before me by		I swear, or affirm, uncreport is true and correpromptly after learning or affirm, under penalt reporting requirement.  Signa	ect and the of the error of perjuit when I fill	at I am filing to or(s) in the orig ry, that I did no ed the original	his corrected report ginal report. I swear, ot intend to violate a all report.	
Mlindu S. I Signature of officer administering	oath Printed	dinda S	ministering oak	NO:	M/L	ng oath	
8							

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070	(512)463-5800 1-800-325-85						
i e	CANDIDATE / OFFICEHOLDER  CAMPAIGN FINANCE REPORT  RECEIVED  CITY OF SAN AND							
The C/OH INSTRUCTI	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Pretaibles fied: 41 5 4						
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE FIRST MI	OFFICE USE ONLY						
	NICKNAME LAST SUFFIX  MARTINEZ	Data Received						
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE							
Change of Address		Date Hand-delivered or Date Postmarked						
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI	Receipt # Amount						
	NICKNAME LAST SUFFIX	Receipt # Amount  Date Processed						
		Date Imaged						
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE;	ZIP CODE						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (210) 6149338							
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)						
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)						
9 PERIOD COVERED	Month Day Year Month Day THROUGH	Year						
10 ELECTION	ELECTION DATE  Month Day Year  5 / 5 / 0   Primary Runoff G	eneral Special						
11 OFFICE	OFFICE HELD (If any)  12 OFFICE SOUGHT (If known)  CITY COUN	CIL						
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candid Candidates are required to disclose this information only if they receive notification of the direct	ate's prior consent or approval. campaign expenditure. **						
	Address / PO Box; Apt. / Suits it; City; State; Zip Code							
additional pages								

**GO TO PAGE 2** 

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

			OOVER OHEE! PG Z
14 C/OH NAME			15 ACCOUNT #(Ethics Commission flers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may nave been mag	ntice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures. ••	ate / officeholder. These expenditures and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	WE THE PEOPLE CAMPAI	4N
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit below	v and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7m —
EXPENDITURE TOTALS	3. TOTAL P	\$	
	4. TOTAL	\$ 2467,11	
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 2694 68
AFFIX NOTARY STAMP	Froftens Strines 204-2005	I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.  Signature of Candida	mation required to be reported by
Sworn to and subscribe	1	fy which, witness my hand and seal of office.	this the <u>30</u> day
Milling 3. K Signature of officer adm	sirilistering cath	Mindu S. I pet No Printed name of officer administering oath Title of the control	TOTION administering cath

Texas Ethics Co	ommission	P.O. Box 1207	'0 Austi	n, Texas 78711-20	70 (512) 46	3-5800 1-800	)-325-850
	ICAL CON R THAN PL			_	PECEIVED	SCHEDULE MS C/OH, C/OH-SS, SC SC-SPAC, SPAC, & SP 1110	C-C/OH.
The Instructi	ION GUIDE explains i	now to complete t	his form.	CITY	Dr. Pocus pages (Nas	Schedule A1:	
2 FILER NAM		SAT J.	MAR	TINEZO	3 ACCOUNTY (	nics Commission Hers)	
4 Date	5 Full name of o		out-of-state PAC (IDIf:_		7 Amount of contribution (\$)	8 In-kind contrib description (if app	
9 Principal occu	upation (Sptional)			10 Employer (Option	nal)		<del>-</del>
Date	Full name of c		out-of-state PAC (104:_		Amount of contribution (\$)	In-kind contribi description (if app	
Principal occu	upation (Optional)			Employer (Option	el)		
Date	Full name of o		urofetale PAC (IDIR_		Amount of contribution (\$)	In-kind contribu description (if appl	
Principal occur	pation (Optional)			Employer (Option	mi)		
Date	Full name of co		ut-of-state PAC (IDIR		Amount of contribution (\$)	in-kind contribu description (if appli	
Principal occup	pation (Optional)			Employer (Options	n)	· ·	
Date	Full name of co		A-of-state PAC (IDR:		Amount of contribution (\$)	In-kind contribut description (if appli	
Principal occup	pation (Optional)			Employer (Options	1)	<del></del>	
if contri				S OF THIS FORM A		g requirements.	

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS		(FOR FORMS C/OH	SCHEDULE B1 , sc-c/oh, sc-spac, & smac)
The INSTRUCTI	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	15		3 ACCOUNT # (E	thics Commission filers)
4 TOT	OF UNITEMIZED PLEDGES: \$	<b>+</b> + +	<b>⇒</b> ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (IDIF:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	petion (optional)	11 Employer (option:	al)	<u>L</u>
Date	Full name of pledgorout-of-state PAC (IDIt: Pledgor address; City: State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	Dation (optional)	Employer (options	ni)	
Date	Full name of pledgorout-of-state PAC (IDIR		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	etion (optional)	Employer (options	al)	
Date	Full name of pledgorout-of-state PAC (IDst:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	etion (optional)	Employer (options	0	
Date	Full name of pledgor out-of-ease PAC (IDs: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	ation (optional)	Employer (optional	)	
If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

Texas Ethics Commi	ssion P.O. Box 12070	Austin,	Texas 78711	-2070		(512	) 463-5800	1-800-325-8500
LOANS				R CITY O	ECEI IF SAN	VED NANTONIC LERK	SCI	HEDULE E
The Instruction Gu	DE explains how to complete the	nis form.		2001 A	1	Total pages		
2 FILER NAME				7.00		ACCOUNT#	(Ethics Commissio	n filors)
4 ТОТА	L OF UNITEMIZED LOA	ANS:	<b>\$</b> \$	⇔	<b>=&gt;</b> -	<b>→</b> ⇔	\$	
5 Date of loan	7 Name of lender	7.44	out-of-state	PAC (ID#:			9 Loan A	mount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State;	Zip Code		• • • •	• • • • •	10 Interest	rate
Y N							11 Maturity	/ date
12 Description of Collate	aral (							
13 GUARANTOR INFORMATION	14 Name of guarantor						16 Amount	Guaranteed (\$)
not applicable	15 Guarantor address; City;	State;	Zip Code	• • • •				
17 Principal Occupation			18 Employe	r	···			<del></del> i
Date of loan	Name of lender		Dut of state P	AC (IDII:		)	Loen An	nount (\$)
Is lender a financial Institution?	Lender address; City;	State;	Zip Code			• • • • • •	interest :	rate
Y N							Maturity	date
Description of Collater					\		<u></u>	
GUARANTOR INFORMATION	Name of guarantor				1		Amount	Guaranteed (\$)
not applicable	Guarantor address; City;	State;	Zip Code			<b>\</b>		
Principal Occupation			Employer			-		<u> </u>
lf lender i	ATTACH ADDITI						ng requirem	ents.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ged 04/04/2000

Rev

POLIT	FROM PERSONAL FUNDS GER PTARTERED CITY OF SAN AN	1 01110
The Instruction	ON Guide explains how to complete this form.  1 Total pages Sch	
FILER NAM		thics Commission filers)
4 Pate	5 Payee name	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code  Purpose of experiditure (See instructions regarding type of information required.)	Amount (\$)  Reimbursement from political contributions
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

TO A E	ENT FROM POLITICAL CONT BUSINESS OF C/OH	RIBUTIONS	SCHEDULE H
The instruct	NON GUIDE explains how to complete this form.	1 Total pages So	chedule H:
2 FILER NA	XE.	3 ACCOUNT#	Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	7 Amount (\$)
8 Purpose of pa required.)	yment (See instructions regarding type of information	9 ** Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH Office sought Office held
Date	Business address; City; State; Zip Code	 A	Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH ↔ Office sought Office held
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Character of a		<u> </u>	
Purpose of payr required.)	ment (See instructions regarding type of information	** Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office hald
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

	POLITICAL EXPENDITURES	SCHEDULE !
WADE	FROM POLITICAL CONTRIBUTIONS RECEIVED GITY OF SAN ANTO	01110
Пре інатицст	Total pages Sci	nedule I: 1: 59
FILER NAM	71111 14717	thics Commission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
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	Purpose of expenditure (See instructions regarding type of information required.)	
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	Purpose of expenditure (See instructions regarding type of information required.)	
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	Purpose of expenditure (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Reason for credit

P.O. Box 12070

		NDIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/OH - FR RECEIVED Y OF SAN ANTONIO
	The I	nstruction Guide explains how to complete this form.  mplete only if "Report Type" on page 1 is marked "Final Report	CITY CLERK
1	C/OH	NAME 20	ACCOUNT #(Ethics Commission flors)
3	SIGN	ATURE	
!	a rep	not expect any further political contributions or political expenditures in connection wort as a final report terminates my campaign treasurer appointment. I also undibutions or make any campaign expenditures without a campaign treasurer appointment.	terstand that I may not accept any compains
			ignature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER  plete A & B below only if you are a candidate	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned	from political contributions.
		I have unexpended contributions or unexpended interest or income earned from po convert unexpended political contributions or unexpended interest or income earned also understand that I must file an annual report of unexpended contributions and or unexpended interest or income earned on political contributions longer than a understand that I must dispose of unexpended political contributions and unexpended political contributions and unexpended political contributions and unexpended political contributions in accordance with the requirements of Election Code, § 254.204.	ed on political contributions to personal use. I that I may not retain unexpended contributions
	В.	ASSETS	
	Chec	only one:	
	T/	I do not retain assets purchased with political contributions or interest or other inco	ome from political contributions.
		I do retain assets purchased with political contributions or interest or other income may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political contribution Code, § 254.204.	ncome from political contributions to personal
		<u>Q</u>	Signature of Candidate
			Signature of Candidate
		EHOLDER  lete this section only if you are an officeholder ••	<u> </u>
		I am aware that I remain subject to filing requirements applicable to an officeholder wh	o does not have a campaign treasurer on file.
			Signature of Officeholder

		•	
		·	

# TENTIZED EXPENDITUPES INTENDED FOR

			ch 27,2001 through	
Date	Payee	Amount	Address	Description
	Joyce A. Martinez	\$30.08	San Antonio, Texas	Reimbursement
	Plastic Supply Co	\$40.00	San Antonio, Texas	Plastic Bags
4/3/01	Mungia Printers	\$142.00	San Antonio, Texas	Printing
4/3/01	Mungia Printers	\$281.00	San Antonio, Texas	Printing
4/3/01	Office Depot	\$48.52	San Antonio, Texas	Office Supplies
4/4/01	Joyce A. Martinez	\$40.75	San Antonio, Texas	Reimbursement
4/4/01	Handy Andy	\$25.14	San Antonio, Texas	Food/Beverage
4/9/01	PC Mailhouse	\$1,133.65	San Antonio, Texas	Mailout
4/10/01	Plaza Bank	\$305.32	San Antonio, Texas	Loan Payment
4/13/01	Office Depot	\$66.73	San Antonio, Texas	Office Supplies
4/13/01	US Post Office	\$40.80	San Antonio, Texas	Postage
4/14/01	CPS	\$119.50	San Antonio, Texas	Utilities
4/16/01	Joyce A. Martinez	\$107.89	San Antonio, Texas	Reimbursement
4/16/01	HEB	\$26.66	San Antonio, Texas	Food/Beverage
3/30/01	Plaza Bank	\$10.00	San Antonio, Texas	Service Fee
4/14/01	HEB	\$49.07	San Antonio, Texas	Food/Beverage

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 APR 30 P 5: 00

# **CORRECTION AFFIDAVIT**

FORM COR-C/OH RECEIVED

				OR		CITY OF	SAN ANTON	10
		CANDI	DATE/	OFFICEHO	OLDER	CI	I Y LLEKK	
S	See backside for instru	ctions				2001 APF	130 P 4:	59
1	ACCOUNT#			Total pages filed:	1			
3	CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST  EPNESS  LAST  MAPLIN	Τ	MI	OFFICE Date Received	USE ONLY	
4	ORIGINAL REPORT TYPE	January 15  July 15  30th day before election 8th day before election	Runoff Exceeded	Other (s  ### Other (s  #### Other (s  ###################################	specify)	Date Hand-delivered	or Date Postmarked	
5	ORIGINAL PERIOD COVERED	Month Day Ye	THROUG	Month Day	Year	Legal  Date Processed  Date Imaged	Totals	
6	EXPLANATION OF CORRECTION	ADD ITE TO 30	MIZED :	EXPENDITO	PE PU	EPORT ELTION		
7	AFFIX NOTARY STAN	AEN SEAL ABOVE	JEST N	Jun.	correct and the ming of the emenalty of perjument when I fill the state of Cand	at I am filing thi or(s) in the origing ry, that I did not	s corrected reponal report. I sweatintend to violate report.	ort ar, e a
	to certify which, witnes	•	ı	Phoe				
_ s	Minda S. lo		Clinda S.		Not	OVU officer administering	oath	
	Remem	iber To Attach A Needed To		The Campaig nd Explain Co		Report For	m	

RECEI CITY OF SAN CITY CI	ANTONIO
2001 APR 30	P 4:59

# Expenditures 30<sup>th</sup> Day Before Election Report

January 1, 2001 through March 26, 2001

Mungia Printers   \$	Date	Payee		Amount	Address	Purpose
Sams Wholesale \$ 105.28   San Antonio, Party City \$ 15.00   San Antonio, Party City \$ 100.00   San Antonio, Joyce A. Martinez \$ 100.00   San Antonio, Joyce A. Martinez \$ 122.42   San Antonio, Juan Vasquez \$ 100.00   San Antonio, Juan Party Party San Antonio, Juan Party Party San Antonio, Juan Party Party San Antonio, Juan Vasquez \$ 122.42   San Antonio, Juan Vasquez \$ 100.00   San Antonio, Juan Vasquez \$ 122.42   San Antonio, Juan Vasquez \$ 122.42   San Antonio, Juan Vasquez \$ 100.00   San Antonio, Sylvia Romo \$ 30.00   San Antonio, Sylvia Romo \$ 30.00   San Antonio, Sylvia Romo \$ 30.00   San Antonio, Joyce A. Martinez \$ 100.00   San Antoni	12/01	Mungia Printers	€9	50.00		Printing
Maria Urista   \$ 40.61   San Antonio, 1	23/01	Sams Wholesale	↔	105.28	Antonio,	Supplies
Maria Urista	24/01	Party City	↔	40.61	Antonio,	Event
Dearly City	24/01	Maria Urista	↔	11.50	San Antonio, Texas	Event
Murgia Printers	25/01	Party City	s	35.06	San Antonio, Texas	Event
Mungia Printers	25/01	Office Max	↔	15.10		Office Supplies
1 Jubie Wear         \$ 100.00         San Antonio, Joyce A Martinez         \$ 100.00         San Antonio, Joyce A Martinez         \$ 122.42         San Antonio, San Antonio, San Antonio, San Antonio, San Antonio, San Antonio, Joyce A Martinez         \$ 65.04         San Antonio, CPS         \$ 20.00         San Antonio, San Antonio, San Antonio, San Antonio, San Antonio, Ant	26/01	Mungia Printers	69	91.59		Printing
Jaime P. Martinez	26/01	Zubie Wear	69	100.00	San Antonio, Texas	Signs
Jaime P. Martinez	29/01	Office Depot	so.	16.02	San Antonio, Texas	Office Supplies
Joyce A. Martinez   \$ 122.42   San Antonio, Judyce A. Martinez   \$ 122.42   San Antonio, Judyce A. Martinez   \$ 65.04   San Antonio, Judyce A. Martinez   \$ 65.04   San Antonio, Judyce A. Martinez   \$ 69.46   San Antonio, San Antonio, Saylvia Romo   \$ 30.00   San Antonio, Saylvia Romo   \$ 25.00   San Antonio, San Antonio, CPS   \$ 25.00   San Antonio, India Printers   \$ 200.00   San Antonio, San Antonio, San Antonio, India Printers   \$ 200.00   San Antonio, India Printers   \$ 200.00   San Antonio, India Printers   \$ 200.00   San Antonio, San Antonio, India Printers   \$ 200.00   San Antonio, India Printers   \$ 250.00   San Antonio, India Printers   \$ 28.73   San Antonio, India Printers   \$ 28.70   San Antonio, India Printers   \$ 28.70   San Antonio, India Printers   \$ 28.70   San Antonio, India Printers   \$ 28.73   San Antonio, India Printers   \$ 28.73   San Antonio, India Printers   \$ 28.70   San Antonio,	5001	Jaime P. Martinez	<b>₩</b>	360.00	San Antonio, Texas	Reimbursement
Joyce A. Martinez	10/2	Joyce A. Martinez	A 6	/3.81	San Antonio, lexas	Heimbursement
Juan Vasquez   \$ 50.00   San Antonio, Sulvia Romo   \$ 30.00   San Antonio, Juan Printers   \$ 250.00   San Antonio, San Antonio, Sulvia Printers   \$ 250.00   San Antonio, San Antonio, San Antonio, San Antonio, San Antonio, N. Garca   \$ 37.50   San Antonio, San Antonio, N. Garca   \$ 375.00   San Antonio, San Antonio, San Antonio, N. Garca   \$ 375.00   San Antonio,	000	Joyce A. Martinez	A 6	122.42		Helmoursement
Home Depot	707	Jaime P. Martinez	A 6	65.04	San Antonio, Texas	Heimbursement
Home Depot   \$ 31.45   San Antonio, Joyce A. Martinez   \$ 68.46   San Antonio, Sylvia Romo   \$ 30.00   San Antonio, Zubie Wear   \$ 201.26   San Antonio, I Handy Andy   \$ 25.00   San Antonio, I Joyce A. Martinez   \$ 25.00   San Antonio, I Jaime Printers   \$ 25.00   San Antonio, I Jaime Printers   \$ 25.00   San Antonio, I Jaime Printers   \$ 200.00   San Antonio, I Joyce A. Martinez   \$ 250.00   San Antonio, I Joyce A. Martinez   \$ 250.00   San Antonio, I Joyce A. Martinez   \$ 25.25   San Antonio, I Joyce A. Martinez   \$ 110.74   San Antonio, I Joyce A. Martinez   \$ 100.00   San Antonio, I Joyce A. Martinez   \$ 28.73   San Antonio, I Joyce A. Martinez   \$ 25.25   San Antonio, I Joyce A. Martin	3/01	Juan vasquez	A (	20.00	San Antonio, Texas	Office Equipment
Joyce A. Martinez	500	Home Depot	9	31.45		Office Supplies
Mungia Printers	200	louge A Medines	9 6	09.40		and Supplies
Sylvia Runners		Minais Drinters	9 4	100.00		Dripting
Clause   \$ 20.05	707	Sylvia Romo	€	30.00	San Antonio Texas	Cross Reference
Guadalupe Lumber \$ 86.40         \$ 86.40         San Antonio, 1 Joyce A. Martinez \$ 105.71         \$ 25.00         San Antonio, 2 San Antonio, 2 San Antonio, 3 San Antonio, 4 San Antonio, 4 San Antonio, 4 San Antonio, 4 San Antonio, 5 San Antonio, 6 San Antonio, 6 San Antonio, 7 San Antonio, 7 San Antonio, 8 San Antonio, 9 San Antonio	8/01	Zubie Wear	69	201.26		Printing
Handy Andy \$ 25.00   San Antonio, Joyce A. Martinez \$ 105.71   San Antonio, CPS	8/01	Guadalupe Lumber	+-	86.40	San Antonio, Texas	Lumber
Joyce A. Martinez	4/01	Handy Andy	-	25.00	San Antonio, Texas	Food/Beverage
1	8/01	Joyce A. Martinez	69	105.71		Reimbursement
Joyce A. Martinez	9/01	CPS	€9	37.52		Utilities
1         Zubie Wear         \$ 250.00         San Antonio, San Antonio, San Antonio, San Antonio, Eliseo Perez         \$ 200.00         San Antonio, Antonio San Antonio, San Antonio, San Antonio, San Antonio, San Antonio, Antonio Antonio Antonio San Antonio, Joyce A. Martinez \$ 28.73         \$ 25.25         San Antonio, Joyce A. Martinez \$ 28.73         \$ 30.08         San Antonio, San Antonio, San Antonio, San Antonio, Joyce A. Martinez \$ 28.73           Mungia Printers \$ 28.73         \$ 28.73	9/01	Joyce A. Martinez	€9	27.65		Reimbursement
Mungia Printers	9/01	Zubie Wear	↔	250.00	San Antonio, Texas	Printing
Jaime P. Martinez	9/01	Mungia Printers	s	200.00	San Antonio, Texas	Printing
Eliseo Perez	10/01	Jaime P. Martinez	8	276.00		Reimbursement
Mungia Printers \$ 16.30   San Antonio, N. Garca \$ 375.00   San Antonio, N. Garca \$ 375.00   San Antonio, Joyce A. Martinez \$ 900.96   San Antonio, Jose Franco \$ 50.00   San Antonio, Pedro Ruiz \$ 50.00   San Antonio, Pedro Ruiz \$ 50.00   San Antonio, Mungia Printers \$ 50.00   San Antonio, Mungia Printers \$ 26.00   San Antonio, Mungia Printers \$ 25.00   San Antonio, Anthony Torrez \$ 300.00   San Antonio, Joyce A. Martinez \$ 11.42   San Antonio, Joyce A. Martinez \$ 110.74   San Antonio, Joyce A. Martinez \$ 10.00   San Antonio, Joyce A. Martinez \$ 28.73   San Antonio, Joyce A. Martinez \$ 30.08   San Antonio, Joyce A. Martinez \$ 28.73   San Antoni	10/01	Eliseo Perez	8	100.00		Plumbing
Mungia Printers	201	Office Depot	မ	16.30	San Antonio, Texas	Office Supplies
N. Garca   \$ 375.00   San Antonio, Joyce A. Martinez   \$ 900.96   San Antonio, Jose Franco   \$ 500.00   San Antonio, Pedro Ruiz   \$ 500.00   San Antonio, Pedro Ruiz   \$ 50.00   San Antonio, Walgreens   \$ 50.00   San Antonio, Murgia Printers   \$ 50.00   San Antonio, Murgia Printers   \$ 200.00   San Antonio, Anthony Torrez   \$ 300.00   San Antonio, Joyce A. Martinez   \$ 11.42   San Antonio, Joyce A. Martinez   \$ 110.74   San Antonio, Joyce A. Martinez   \$ 110.74   San Antonio, Joyce A. Martinez   \$ 106.68   San Antonio, Joyce A. Martinez   \$ 100.00   San Antonio, Joyce A. Martinez   \$ 142.00   San Antonio, Murgia Printers   \$ 281.00   San Antonio, Joyce A. Martinez   \$ 40.00   San Antonio, Joyce A. Martinez   \$ 281.00   \$ 281.00   San Antonio, Joyce A. Martinez   \$ 281.00   San Antonio, Joyce A. Martinez   \$ 281.00   San Antonio, Joyce A. Martine	3/01	Mungia Printers	69	200.00	Antonio,	Printing
Joyce A. Martinez \$ 500.96   San Antonio, Jose Franco \$ 50.00   San Antonio, Jose Franco \$ 50.00   San Antonio, Pedro Ruiz \$ 50.00   San Antonio, Walgreens \$ 50.00   San Antonio, Walgreens \$ 50.00   San Antonio, Mungia Printers \$ 200.00   San Antonio, Mungia Printers \$ 200.00   San Antonio, Anthony Torrez \$ 300.00   San Antonio, Joyce A. Martinez \$ 11.42   San Antonio, Joyce A. Martinez \$ 110.74   San Antonio, Joyce A. Martinez \$ 106.68   San Antonio, Joyce A. Martinez \$ 142.00   San Antonio, Joyce A. Martinez \$ 28.73   San Antonio, Joyce A. Martinez \$ 28.73   San Antonio, Joyce A. Martinez \$ 28.73   San Antonio, Joyce A. Martinez \$ 30.08   San Antonio, Mungia Printers \$ 28.10   San Antonio, Office Depot \$ 48.52   San Antonio, Joyce A. Martinez \$ 28.10   San Antonio, Joyce A. Martinez \$ 28.10   San Antonio, Joyce A. Martinez \$ 28.11   San A	4,01	N. Garca	<del>59</del> 6	375.00	Antonio,	Printing
Mrs. Posada	10/0	Go Malling	A 6	200.000	Antonio,	Mail Piece Design
Mungia Printers   \$ 50.00   San Antonio,	707	Mrs Doesda	9 6	300.00	Antonio,	Dont
Pedro Ruiz	5 5	lose Franco	•	50.00	Antonio	Photographs
Walgreens         \$         6.28         San Antonio;           Mungia Printers         \$         200.00         San Antonio;           Mungia Printers         \$         250.00         San Antonio;           Mr. Pencils         \$         11.42         San Antonio;           Anthony Torrez         \$         300.00         San Antonio;           Joyce A. Martinez         \$         188.07         San Antonio;           Joyce A. Martinez         \$         110.74         San Antonio;           Joyce A. Martinez         \$         106.68         San Antonio;           Joyce A. Martinez         \$         28.73         San Antonio;           Joyce A. Martinez         \$         30.08         San Antonio;           Joyce A. Martinez         \$         40.00         San Antonio;           Mungia Printers         \$         40.00         San Antonio;           Joyce A. Martinez         \$         40.00         San Antonio;           Joyce A. Martinez         \$         40.75         San Antonio;           Joyce A. Martinez         \$         25.14         San Antonio;	701	Pedro Ruiz	4	50.00	Antonio 7	Photography
Mungia Printers         \$ 200.00         San Antonio, Mr. Pencils           Anthony Torrez         \$ 250.00         San Antonio, San Antonio, Joyce A. Martinez         \$ 11.42         San Antonio, San Antonio, San Antonio, San Antonio, SwBT         \$ 25.25         San Antonio, San Antonio, San Antonio, Joyce A. Martinez         \$ 110.74         San Antonio, San Antonio, Joyce A. Martinez         \$ 106.68         San Antonio, San Antonio, Joyce A. Martinez         \$ 28.73         San Antonio, San Antonio, Joyce A. Martinez         \$ 40.00         San Antonio, San Antonio, Joyce A. Martinez         \$ 40.00         San Antonio, San Antonio, Mungia Printers         \$ 281.00         San Antonio, San Antonio, San Antonio, Mungia Printers         \$ 281.00         San Antonio, San Antonio, San Antonio, San Antonio, San Antonio, Antonio, Antonio, San Antonio,	10/	Walgreens	69	6.28		Film
Mungia Printers         \$ 250.00         San Antonio, Anthony Torrez           Anthony Torrez         \$ 300.00         San Antonio, San Antonio, San Antonio, SawBT           Joyce A. Martinez         \$ 11.42         San Antonio, San Antonio, SawBT           Joyce A. Martinez         \$ 110.74         San Antonio, San Antonio, San Antonio, Joyce A. Martinez           Joyce A. Martinez         \$ 28.73         San Antonio, San Antonio, Joyce A. Martinez         \$ 40.00         San Antonio, San Antonio, Joyce A. Martinez           Mungia Printers         \$ 28.10         San Antonio, San Antonio, Joyce A. Martinez         \$ 40.00         San Antonio, San Antonio, Joyce A. Martinez           Mungia Printers         \$ 28.10         San Antonio, San Antonio, Joyce A. Martinez         \$ 28.10         San Antonio, S	101	Mungia Printers	8	200.00	Antonio,	Printing
Mr. Pencils         \$ 11.42         San Antonio, Juyce A. Martinez         \$ 11.42         San Antonio, San Antonio, Juyce A. Martinez         \$ 18.07         San Antonio, San Antonio, San Antonio, Juyce A. Martinez         \$ 110.74         San Antonio, San Antonio, Juyce A. Martinez         \$ 10.668         San Antonio, San Antonio, Juyce A. Martinez         \$ 28.73         San Antonio, San Antonio, Juyce A. Martinez         \$ 40.00         San Antonio, San Antonio, Juyce A. Martinez         \$ 28.10         San Antonio, San Antonio, Juyce A. Martinez         \$ 28.10         San Antonio, San Antonio, Juyce A. Martinez         \$ 40.00         San Antonio, San Antonio, Juyce A. Martinez         \$ 28.10         San Antonio, San Antonio, San Antonio, Juyce A. Martinez         \$ 28.10         San Antonio, San Antonio, San Antonio, Juyce A. Martinez         \$ 28.10         San Antonio, San Antonio, San Antonio, Juyce A. Martinez           Handy Andy         \$ 25.14         San Antonio, San Anton	10/	Mungia Printers	€	250.00		Printing
Anthony Torrez \$ 300.00 San Antonio, Joyce A. Martinez \$ 188.07 San Antonio, Handy Andy \$ 25.25 San Antonio, SWBT \$ 110.74 San Antonio, Joyce A. Martinez \$ 106.68 San Antonio, Joyce A. Martinez \$ 28.73 San Antonio, Joyce A. Martinez \$ 28.73 San Antonio, Joyce A. Martinez \$ 30.08 San Antonio, Mungia Printers \$ 142.00 San Antonio, Mungia Printers \$ 281.00 San Antonio, Joyce A. Martinez \$ 281.00 San Antonio, Joyce A	0	Mr.Pencils	s	11.42	Antonio,	Supplies
Joyce A. Martinez	9	Anthony Torrez	↔	300.00	Antonio,	Reimbursement
Handy Andy   \$ 25.25   San Antonio, SWBT   \$ 110.74   San Antonio, Joyce A. Martinez   \$ 106.68   San Antonio, Joyce A. Martinez   \$ 28.73   San Antonio, Joyce A. Martinez   \$ 60.05   San Antonio, Joyce A. Martinez   \$ 30.08   San Antonio, Mungia Printers   \$ 40.00   San Antonio, Mungia Printers   \$ 281.00   San Antonio, Mungia Printers   \$ 281.00   San Antonio, Mungia Printers   \$ 281.00   San Antonio, Joyce A. Martinez   \$ 40.75   San Antonio, Joyce A. Martinez   \$ 40.75   San Antonio, Joyce A. Martinez   \$ 25.14   San Antonio, Joyce A. Martinez   \$ 25.14   San Antonio, Joyce A. Martinez   \$ 25.14   San Antonio,	10	Joyce A. Martinez	↔	188.07		Reimbursement
SWBT         \$ 110.74         San Antonio,           Joyce A. Martinez         \$ 10.66         San Antonio,           CPS         \$ 106.68         San Antonio,           Joyce A. Martinez         \$ 28.73         San Antonio,           Joyce A. Martinez         \$ 66.05         San Antonio,           Plastic Supply Co         \$ 40.00         San Antonio,           Mungia Printers         \$ 142.00         San Antonio,           Mungia Printers         \$ 281.00         San Antonio,           Office Depot         \$ 48.52         San Antonio,           Joyce A. Martinez         \$ 48.52         San Antonio,           Handy Andy         \$ 25.14         San Antonio,	ē	Handy Andy	s	25.25		Food/Beverage
Joyce A. Martinez         \$ 81.12         San Antonio,           CPS         \$ 106.68         San Antonio,           Joyce A. Martinez         \$ 28.73         San Antonio,           Joyce A. Martinez         \$ 66.05         San Antonio,           Plastic Supply Co         \$ 40.00         San Antonio,           Mungia Printers         \$ 142.00         San Antonio,           Mungia Printers         \$ 281.00         San Antonio,           Office Depot         \$ 48.52         San Antonio,           Joyce A. Martinez         \$ 40.75         San Antonio,           Handy Andy         \$ 25.14         San Antonio,	S S	SWBT	S	110.74	Antonio,	Phone
CPS         \$ 106.68         San Antonio,           Joyce A. Martinez         \$ 28.73         San Antonio,           Joyce A. Martinez         \$ 66.05         San Antonio,           Plastic Supply Co         \$ 40.00         San Antonio,           Mungia Printers         \$ 142.00         San Antonio,           Mungia Printers         \$ 28.1.00         San Antonio,           Office Depot         \$ 48.52         San Antonio,           Joyce A. Martinez         \$ 25.14         San Antonio,           Handy Andy         \$ 25.14         San Antonio,	<u> </u>	Joyce A. Martinez	جو	81.12	Antonio,	Reimbursement
Joyce A. Martinez         \$ 28.73         San Antonio.           Joyce A. Martinez         \$ 66.05         San Antonio.           Joyce A. Martinez         \$ 30.08         San Antonio.           Plastic Supply Co         \$ 40.00         San Antonio.           Mungia Printers         \$ 28.1.00         San Antonio.           Mungia Printers         \$ 28.1.00         San Antonio.           Office Depot         \$ 48.52         San Antonio.           Joyce A. Martinez         \$ 25.14         San Antonio.           Handy Andy         \$ 25.14         San Antonio.	5 3		ee (	106.68	Antonio,	Utilities
Joyce A. Martinez         \$ 66.05         San Antonio,           Joyce A. Martinez         \$ 30.08         San Antonio,           Plastic Supply Co         \$ 40.00         San Antonio,           Mungia Printers         \$ 142.00         San Antonio,           Mungia Printers         \$ 281.00         San Antonio,           Office Depot         \$ 48.52         San Antonio,           Joyce A. Martinez         \$ 40.75         San Antonio,           Handy Andy         \$ 25.14         San Antonio,	5 3		ω.	28.73	Antonio,	Reimbursement
Joyce A. Martinez         \$ 30.08         San Antonio,           Plastic Supply Co         \$ 40.00         San Antonio,           Mungia Printers         \$ 142.00         San Antonio,           Mungia Printers         \$ 281.00         San Antonio,           Office Depot         \$ 48.52         San Antonio,           Joyce A. Martinez         \$ 40.75         San Antonio,           Handy Andy         \$ 25.14         San Antonio,	5 3	Joyce A. Martinez	٠	66.05		Reimbursement
Mungia Printers \$ 142.00 San Antonio, Mungia Printers \$ 281.00 San Antonio, Office Depot \$ 48.52 San Antonio, Joyce A. Martinez \$ 40.75 San Antonio, Handy Andy \$ 25.14 San Antonio,	2 5	Joyce A. Martinez	٠	30.08		Helmbursement
Mungla Printers         \$ 142.00         San Antonio,           Mungla Printers         \$ 281.00         San Antonio,           Office Depot         \$ 48.52         San Antonio,           Joyce A. Martinez         \$ 40.75         San Antonio,           Handy Andy         \$ 25.14         San Antonio,	0 3	Plastic Supply Co	e e	40.00		Plastic Bags
Mungia Printers \$ 281.00 San Antonio, Office Depot \$ 48.52 San Antonio, Joyce A. Martinez \$ 40.75 San Antonio, Handy Andy \$ 25.14 San Antonio,	5 5	Mungia Printers	<b>9</b>	142.00		Printing
Joyce A. Martinez \$ 48.52 San Antonio, Joyce A. Martinez \$ 40.75 San Antonio, Handy Andy \$ 25.14 San Antonio,	5 5	Mungia Printers	÷	281.00	San Antonio, lexas	Printing
Handy Andy \$ 25.14 San Antonio,	2 5		A G	46.52	Antonio,	Point supplies
Lialiuy Aliuy & 20.14	5 5		9 6	25.73	Antonio,	Lood/Doyorogo
_	Total	יויוש אווע		7.419.43	טמוו אווטווט, ופאפט	rood/beverage

P.O. Box 12070

# **CORRECTION AFFIDAVIT** FOR

FORM CORTOOH

		CANI		OFFICEHO	)I DFR		~ D 5: 08
Se	ee backside for instru		), D, \ \ _, \	J. 1 10E110		2001 752	9 5:08
1	ACCOUNT#			Total pages filed:			
	CANDIDATE / OFFICEHOLDER NAME	NICKNAME	ERWE!	35 r	MI	OFFICE Date Received	USE ONLY
	ORIGINAL REPORT TYPE	January 15  July 15  30th day before elections 8th day before elections	tion 15th day	Other (signature)  after treasurer ment (officeholder only) ort	pecify)	Date Hand-delivered of	or Date Postmarked
	ORIGINAL PERIOD COVERED	Month Day	Year D ( THROUG	Month Day	/o(	Legal  Date Processed  Date Imaged	Totals
	EXPLANATION OF CORRECTION	. <i>p</i> .	dd:Lev Added	red co	90. i	00	
, A	AFFIX NOTARY STAN		Ennist N		correct and the ning of the errenalty of perjunent when I fi	nat I am filing this or(s) in the origin iry, that I did not i	s corrected report al report. I swear, intend to violate a eport.
Sie	Mulinda S.	77	Melinda  Printed name of office	,	7. 0	officer administering	ceth
-	Paman	her To Attach	Any Part Of	The Campaign	n Finance	Report For	m

**Needed To Report And Explain Corrections** 

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	CITY OF SAME		SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	001 11 10	Total pages this S	Schedule A1:
2 FILER NAME	EPNEST J. MARTINEZ		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-16-01	6 Contributor address; City; State; Zip Code 403 ENDNS SAN MITONIO TX 78320	09	100.00	
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-19-01	1226 S. BAROS SAN ANTONIO, TX 78	207	200.00	  -  -
Principal occu	pation (Optional)	Employer (Option	eal)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-9-01	Contributor address; City; State; Zip Code 501 300 ST HN WASHINGTON DC 2	<del>2</del> 00(	1000.00	   
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.9.01	Contributor address; City; State; Zip Code  6007 LAUPKL HILL  SAN ANTONIO TX 7	18229	1000.00	   
Principal occu	pation (Optional)	Employer (Option	nal)	
Date 2:19:01	Full name of contributor out-of-state PAC (ID#:	VES .	Amount of contribution (\$)	In-kind contribution description (if applicable)
	SON ANTONIO TX	78207	20.00	 
Principal occu	pation (Optional)	Employer (Option	nal)	
	ATTACH ADDITIONAL CODIF	0.05 THO FORM	A O NICEDED	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-2070	(512) 463	3-5800 1-800-325-8506
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	6	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	ANT CNIO
2 FILER NAME	EPHEST T. MARTINEZ	2	3 AQQQUNT# (E	nios Commissiहन्यांकि 🖁
4 Date	5 Full name of contributor out-of-state PAC (ID#:	):	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-20-01	MIGHOEL PUTMAN  6 Contributor address; City; State; Zip Code  310 S. ST. MARYS  SON ANTONIOTX 782	205	100.00	     
9 Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.22-01	SAN ANTONIO, TX		200.00	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-26-01	Contributor address; City; State; Zip Code 756 W. VILLARET		100.00	 
	SAN ANTONIO, TX	T		
Principal occu	upation (Optional)	Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.28-Q	Contributor address; City; State; Zip Code  3118 GOLDOROPO  SAN ANTONIO TX	78230	250.00	
Principal occu	upation (Optional)	Employer (Option	l nal)	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-28-01	Contributor address; City; State; Zip Code 12/20 Hwy 87 E		60.00	!    -
	ADKINS, TX 78	101		

Principal occupation (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### 1-800-325-8506 (512) 463-5800 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) OTHER THAN PLEDGES OR LOANS 1. Total pages this Schebule WD The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Corpunission lilers) FILER NAME ERNEST MARTINEZ 5 Full name of contributor 7 Amount of In-kind contribution Date description (if applicable) contribution (\$) MACHINISTS NON-PARTISAN PAC 6 Contributor address; City; State; Zip Code 31.01 500.00 III W. MOCKINGBIRD LN. SE DALLAS, TX 78247 10 Employer (Optional) Principal occupation (Optional) In-kind contribution out-of-state PAC (ID#: Amount of Date description (if applicable) contribution (\$) KEN WILEY Contributor address; City; State; Zip Code 3.6.01 100,00 311 ST. MARYS SAN ANTONIO, TX 78205 Employer (Optional) Principal occupation (Optional) In-kind contribution scription (if applicable) Amount of EMUEL MARTINEZ contribution (\$) Contributor address; City; State; Zip Code 9537 CLAPEMONT AVE NE BUDUERQUE NM 87112 Principal occupation (Optional) In-kind contribution Full name of contributor Amount of description (if applicable) contribution (\$) 5.2.01 250.00 Principal occupation (Optiona

Date

all name of contributor

out-of-state PAC (ID#:

ymount of

In-kind contribution description (if applicable)

Sea Cliffe

Principal occupation (Optional)

Employer (Optional)

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P.O. Box 12070

# **CORRECTION AFFIDAVIT** FOR

FORM CORTOOH

		CANI		OFFICEHO	)I DFR		~ D 5: 08
Se	ee backside for instru		), D, \ \ _, \	J. 1 10E110		2001 752	9 5:08
1	ACCOUNT#			Total pages filed:			
	CANDIDATE / OFFICEHOLDER NAME	NICKNAME	ERWE!	35 r	MI	OFFICE Date Received	USE ONLY
	ORIGINAL REPORT TYPE	January 15  July 15  30th day before elections 8th day before elections	tion 15th day	Other (signature)  after treasurer ment (officeholder only) ort	pecify)	Date Hand-delivered of	or Date Postmarked
	ORIGINAL PERIOD COVERED	Month Day	Year D ( THROUG	Month Day	/o(	Legal  Date Processed  Date Imaged	Totals
	EXPLANATION OF CORRECTION	. <i>p</i> .	dd:Lev Added	red co	90. i	00	
, A	AFFIX NOTARY STAN		Ennist N		correct and the ning of the errenalty of perjunent when I fi	nat I am filing this or(s) in the origin iry, that I did not i	s corrected report al report. I swear, intend to violate a eport.
Sie	Mulinda S.	77	Melinda  Printed name of office	,	7. 0	officer administering	ceth
-	Paman	her To Attach	Any Part Of	The Campaign	n Finance	Report For	m

**Needed To Report And Explain Corrections** 

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	CITY OF SAME		SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	001 11 10	Total pages this S	Schedule A1:
2 FILER NAME	EPNEST J. MARTINEZ		3 ACCOUNT # (Eth	ics Commission filers)
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Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-19-01	1226 S. BAROS SAN ANTONIO, TX 78	207	200.00	  -  -
Principal occu	pation (Optional)	Employer (Option	eal)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-9-01	Contributor address; City; State; Zip Code 501 300 ST HN WASHINGTON DC 2	<del>2</del> 00(	1000.00	   
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.9.01	Contributor address; City; State; Zip Code  6007 LAUPKL HILL  SAN ANTONIO TX 7	18229	1000.00	   
Principal occu	pation (Optional)	Employer (Option	nal)	
Date 2:19:01	Full name of contributor out-of-state PAC (ID#:	VES .	Amount of contribution (\$)	In-kind contribution description (if applicable)
	SON ANTONIO TX	78207	20.00	 
Principal occu	pation (Optional)	Employer (Option	nal)	
	ATTACH ADDITIONAL CODIF	0.05 THO FORM	A O NICEDED	

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Texas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-2070	(512) 463	3-5800 1-800-325-8506
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	6	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
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2 FILER NAME	EPHEST T. MARTINEZ	2	3 AQQQUNT# (E	nios Commissiहन्यांकि 🖁
4 Date	5 Full name of contributor out-of-state PAC (ID#:	):	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-20-01	MIGHOEL PUTMAN  6 Contributor address; City; State; Zip Code  310 S. ST. MARYS  SON ANTONIOTX 782	205	100.00	     
9 Principal occu	pation (Optional)	10 Employer (Option	al)	
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2.22-01	SAN ANTONIO, TX		200.00	
Principal occu	pation (Optional)	Employer (Option	al)	
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2-26-01	Contributor address; City; State; Zip Code 756 W. VILLARET		100.00	 
	SAN ANTONIO, TX	T		
Principal occu	upation (Optional)	Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2.28-Q	Contributor address; City; State; Zip Code  3118 GOLDOROPO  SAN ANTONIO TX	78230	250.00	
Principal occu	upation (Optional)	Employer (Option	l nal)	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-28-01	Contributor address; City; State; Zip Code 12/20 Hwy 87 E		60.00	!    -
	ADKINS, TX 78	101		

Principal occupation (Optional)

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#### 1-800-325-8506 (512) 463-5800 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) OTHER THAN PLEDGES OR LOANS 1. Total pages this Schebule WD The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Corpunission lilers) FILER NAME ERNEST MARTINEZ 5 Full name of contributor 7 Amount of In-kind contribution Date description (if applicable) contribution (\$) MACHINISTS NON-PARTISAN PAC 6 Contributor address; City; State; Zip Code 31.01 500.00 III W. MOCKINGBIRD LN. SE DALLAS, TX 78247 10 Employer (Optional) Principal occupation (Optional) In-kind contribution out-of-state PAC (ID#: Amount of Date description (if applicable) contribution (\$) KEN WILEY Contributor address; City; State; Zip Code 3.6.01 100,00 311 ST. MARYS SAN ANTONIO, TX 78205 Employer (Optional) Principal occupation (Optional) In-kind contribution scription (if applicable) Amount of EMUEL MARTINEZ contribution (\$) Contributor address; City; State; Zip Code 9537 CLAPEMONT AVE NE BUDUERQUE NM 87112 Principal occupation (Optional) In-kind contribution Full name of contributor Amount of description (if applicable) contribution (\$) 5.2.01 250.00 Principal occupation (Optiona

Date

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In-kind contribution description (if applicable)

Sea Cliffe

Principal occupation (Optional)

Employer (Optional)

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#### 1-800-325-8506 CANDIDATE / OFFICEHOLDER FORM C/OH

CAMPAIG	N FINANCE REPORT		COVER SHEET PG 1
The C/OH INSTRUCTION this form.	on Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST MARTIN	J. Suffix	Date Received OF REC
4 CANDIDATE/ OFFICEHOLDER		CITY; STATE; ZIP CODE	SAN Y CLI
ADDRESS  Change of Address	446 OPAKE DUE	78204	Date Hand-delivered or Due Pos
5 CAMPAIGN TREASURER	TITLE FIRST	MI	f 0
NAME	NICKNAME LAST	SUFFIX	Receipt # Amount  Date Processed
			Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU  GOIL SLOWDEN CRE  SAN ANTONIO TX		ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 614-8338	EXTENSION	
8 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	OUGH A/5	Year / 0
10 ELECTION	Month Day Year ELECTION TY  5 / 5 / 0   Primary		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign experience Candidates are required to disclose this information.		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	go то	PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

·			
14 C/OH NAME		1	5 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	ce of political expenditures by political committees to support the candida without the candidate's or officeholder's knowledge or consent. Candidate they receive notice of such expenditures.	te / officeholder. <i>These expenditures</i> s and officeholders are required to report
33.111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME EPHEST MARTINEZ FOR CIT WE THE PEOPLE COMPAIGN	
	GENERAL SPECIFIC	623 CERALVO #2 SAN AN	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  ANTHONY TOPPEZ  COMMITTEE CAMPAIGN TREASURER ADDRESS	C11 Y
		6014 SJOWDEN SPEST SAN ANTONIO TX 78240	APR -5
17 NO REPORTABLE ACTIVITY	Check here if no	reportable activity occurred during this reporting period. (Sign affidavit below	v and submit pages 1 and gonly.
<sup>18</sup> CONTRIBUTION TOTALS		DLITICAL CONTRIBUTION'S OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s orko
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7301
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9204.79
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 7 OF THE REPORTING PERIOD	\$ 3000,00
19 AFFIDAVIT			
ME. ME	LISSA AREVALO	I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.	
N S	OTARY PUBLIC TATE OF TEXAS DMM. Exp. 06-28-2004	Signature of Candida	to ay Office helder
		3 Signature of Candida	tte of Officeriology
AFFIX NOTARY STAMP	/ SEAL ABOVE		<u>~1</u> h
Sworn to and subscrib	$\Gamma$	e said <u>ErneSt MarhneZ</u> , ywhich, witness my hand and seal of office.	this the day
Signature of officer adr	Lr Mult	Melissa Avevalo Title  Printed name of officer administering oath Title	tung Public of officer administering oath

Texas Ethics Commis	sion P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 4	63-5800 1-800-325-8506
LOANS				SCHEDULE E
			1 Total pages Sche	Mula C
The Instruction Guil	e explains how to complete this form.		1 toral bades Scue	oule E:
2 FILER NAME		-	3 ACCOUNT # (Est	nics Cammission flors)
ANTHONY -	toppez, treasurep			
4	L OF UNITEMIZED LOANS:	D D D D	ತು ರು	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
2-21-01	PLAZA BANK			3000
namer institution?	8 Lender address; City; State;	Zip Code		10 Interest rate 22.481
Ø N	400 WEST. Hous			11 Maturity date
	SON MITONIO	TX 18207		2-25-2002
12 Description of Collate	rel			
13 GUARANTOR INFORMATION	14 Name of guarantor	£		16 Amount Guaranteed (\$)
nat applicable	15 Guarantor address; City; State;	Zip Code		TOOI APA
17 Principal Occupation		18 Employer		C CZ
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
is lender a financial institution?	Lender address; City; State;	Zip Code	,	Interest rate
Y N			,	Maturity date
Circariation of Collete	ral			
_ none			· · · · · · · · · · · · · · · · · · ·	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zīp Code		
Principal Occupation		Employer		
lf lender	ATTACH ADDITIONAL CO			requirements.



# TEXAS ETHICS COMMISSION AFFIDAVIT

Complete this affidavit if you are raising a defense to late filing.

Filer name	Account #
ternost 1. Martinez	

OFFICE USE ONLY				
Date Received				
	75	CH		
HD / PM	=	~		
	<b>P</b> P	396		
Date Processed	1_	185H	1	
	വ	7×7		
Date Imaged	T	32	5	
		10		
		3		

I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct.

Statement: Report is not late: An amendment will be filed to add itemized listing of - contributions and expenditures.

Signature of filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by <u>Ernest Martinez</u> this the <u>5th</u> day of <u>April</u>

, to certify which, witness my hand and seal of office.

Signature of officer administering path

Melissa Avevalo
Print name of officer administering gath

Title of officer administering oath